CHAPTER 7

SECTION 3 APHIS FORM 29 SUPERVISOR'S REQUEST FOR HEALTH MONITORING

7.3.1 PURPOSE

APHIS Form 29, Supervisor's Request for Health Monitoring, is to be used for all occupational medical monitoring exams. The form meets confidentiality requirements and provides a continuous medical history in the employee's health folder at the Field Servicing Office (FSO). It also provides the employee a copy of all results of an occupational medical monitoring examination, which enables the employee to consult further with a physician of his/her choice.

7.3.2 HOW TO USE AND DISTRIBUTE APHIS FORM 29

APHIS Form 29 was revised in March 1993, see Exhibit 7.2, to include information required by commercial laboratories. An entry item designated "SITE CODE" was added to the form. The site code identifies which region and program submitted the sample, and is necessary to ensure sample results are returned to Collateral Duty Safety and Health Officers. A list of site codes is provided as Exhibit 7.3.

The new form contains 13 blocks and has 5 separate copies. Complete appropriate blocks and distribute copies as follows:

The supervisor or submitting office should complete blocks 1 through 11. Include in block 1 the appropriate Veterinary Services, Plant Protection and Quarantine, or other appropriate program appropriation billing number of the employee. The submitting party keeps Part 1 of Form 29. Parts 2 through 5 should be presented to the physician or clinic. The physician or clinic will complete blocks 12 and 13. Attach a copy of the bill to Part 3, and forward Parts 3 and 4 to the address noted in the lower left-hand corner of the forms. Also, forward Part 5 to the Collateral Duty Safety and Health Officer, who will review and forward the results to the appropriate employee or office.

If samples are submitted to the Marshfield Clinic, parts 3 through 5 should be submitted with the samples to the laboratory. The address for the Marshfield Clinic is:

Marshfield Clinic
c/o Outreach Laboratory
1000 North Oak Avenue
Marshfield, Wisconsin 54449-5795

The clinic provides a toll-free number for questions; 1-800-222-5835.

The laboratory will forward Part 3 to FSO in Minneapolis, Minnesota. They will also forward Part 4, with sample results, to FSO, for inclusion with the employee's health records. They will send Part 5, with sample results, to the appropriate Collateral Duty Safety and Health Officer.

The CDSHO will review Part 5 and forward it to the employee involved. In addition, necessary recommendations to the supervisor will be provided if corrective action must be taken when a job-related health hazard is indicated.

All results of health monitoring examinations must be provided to the employee whether they are deemed job related or not.

7.3.3 RECORDS ACCESS

The medical history/records will be in the custody of Records Access FSO with access limited to duly authorized persons. Medical information about an employee will not be made available to the public. Medical information may be disclosed to a licensed physician or laboratory official designated for that purpose in writing by the employee. The request will give the full name of the licensed physician or laboratory official and indicate the records to be released.

The APHIS 29 should be sent in a confidential envelope to the employee from the CDSHO. Employee medical records will be preserved and maintained for at least the duration of employment plus 30 years, per OSHA regulation, 29 CFR 1910.20

7.3.4 GETTING COPIES OF THE APHIS FORM 29

Copies of the revised form are available through the Consolidated Forms Publications Distribution Center (CFPDC), 3222 Hubberd Road, Landover, Maryland, 20785. The phone number for CFPDC is 301-436-8450.

7.3.5 SAMPLE COLLECTION AND SUBMITTAL TO MARSHFIELD

Samples must be collected and handled by a licensed physician or clinic. For shipment of samples to Marshfield, draw one red top tube or one serum separator tube from each participant. Allow tube to clot for 20-30 minutes. Centrifuge for 10 minutes and pour 1-2 mL serum into plastic tube and freeze.

Each test should be sent frozen in a separate plastic tube. If the screen is being done as a baseline, a separate vial containing 1-2 mL serum and labeled "BASELINE" should be submitted for storage purposes.

Specimens submitted for baseline testing must be clearly indicated as 'BASELINE" on submittal form, i.e. APHIS Form 29.

Each container of specimens should be packaged in dry ice and sent via overnight courier service. The containers must be packaged and shipped in accordance with U.S. Department of Transportation (DOT) and U.S. Public Health regulations.

The requirements for shipment of medical specimens are described in 49 CFR, Part 173.196,

Infectious Substances, and 42 CFR, Part 72. The requirements are summarized as follows, see the specified standards for more information:

1. For a volume not exceeding 50 mL. Material should be placed in a securely closed, watertight container [primary container: test tube, vial, etc.] which shall be enclosed in a second, durable watertight container [secondary container]. Several primary containers may be enclosed in a single secondary container, if the total volume of all the primary containers so enclosed does not exceed 50 mL. The space at the top, bottom, and sides between the primary and secondary containers shall contain sufficient nonparticulate absorbent material [e.g., paper towel] to absorb the entire contents of the primary container[s] in case of breakage or leakage. Each set of primary and secondary containers shall then be enclosed in an outer shipping container constructed of corrugated fiberboard, cardboard, wood, or other material of equivalent strength.

2. For volumes greater than 50 mL. Packaging of material in volumes of 50 mL or more shall comply with requirements specified in paragraph [1] of this section. In addition, a shock absorbent material, in volume at least equal to that of the absorbent material between the primary and secondary containers, shall be placed at the top, bottom, and sides between the secondary container and the outer shipping container, single primary containers shall not contain more than 1,000 mL of material. However, two or more primary containers whose combined volumes do not exceed 1,000 mL may be place in a single, secondary container. The maximum amount of etiologic agent which may be enclosed within a single outer shipping container shall not exceed 4,000 mL.

3. Dry ice (Solid Carbon Dioxide). The dry ice must be placed outside the secondary container[s]. If dry ice is used between the secondary container and the outer shipping container, the shock absorbent material shall be placed so that the secondary container does not become loose inside the outer shipping container as the dry ice sublimates.

4. Labeling. Dry ice is a class 9, Packing Group III material under the DOT hazard classification. According to the requirements of 49 CFR, Section 173.217, dry ice must be contained in packings designed and constructed to permit the release of carbon dioxide gas to prevent the buildup of pressure that could rupture the packaging. The outer shipping container must be marked "Carbon dioxide, solid" or "Dry ice."

   Also, the outer shipping container of all materials containing etiologic agents transported in interstate traffic must bear a label as illustrated and described below:

   A. The color of material on which the label is printed must be white, symbol red, and the printing in red or white as illustrated.

   B. The label must be a rectangle measuring 51 millimeters (mm) [2 inches] by 102.5 mm [4 inches] long.

   C. The red symbol measuring 38 mm [1 ½ inches] in diameter must be centered in a white square measuring 51 mm [2 inches] on each side.

D. Type size of the letters of the label shall be as follows:

Etiologic agents - 10 pt. rev.
Biomedical material - 14 pt.
In case of damage or leakage - 10 pt. rev.
Notify Director CDC, Atlanta, Georgia - 8 pt.rev.
(404) 633-5313 - 10 pt. rev